

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2 and will complete Section 3. The completed form will be returned to the government agency certified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form). The information is also stated on beneficiary/annuitant award letters and other documents from the Government Agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>) <table border="0"><tr><td><input type="checkbox"/> Social Security</td><td><input type="checkbox"/> Fed Salary, Mil. Civilian Pay</td></tr><tr><td><input type="checkbox"/> Supplemental Security Income</td><td><input type="checkbox"/> Mil. Active _____</td></tr><tr><td><input type="checkbox"/> Railroad Retirement</td><td><input type="checkbox"/> Mil. Retire _____</td></tr><tr><td><input type="checkbox"/> Civil Service Retirement (OPM)</td><td><input type="checkbox"/> Mil. Survivor _____</td></tr><tr><td><input type="checkbox"/> V A Compensation or Pension</td><td><input type="checkbox"/> Other _____ (<i>Specify</i>)</td></tr></table>		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed Salary, Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire _____	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> V A Compensation or Pension	<input type="checkbox"/> Other _____ (<i>Specify</i>)								
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SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
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PRINT OR TYPE REPRESENTATIVES NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE																		

Financial institutions should refer to the GREEN BOOK for further instructions

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